



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2397

SERIAL NUMBER 09/583,336	FILING DATE 05/31/2000  RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO.
-----------------------------	---------------------------------------	--------------	------------------------	------------------------

## APPLICANTS

William F. Reeves, Arlington, VA;

*all au*

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 08/02/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	VA	6	28	2
Verified and Acknowledged Examiner's Signature <i>all</i> Initials				

## ADDRESS

William Reeves  
PO Box 23  
North Branford , CT  
06471

## TITLE

Computer instruments and emergency monitoring devices for retrieving and displaying stored medical records from bodily worn devices

FILING FEE  RECEIVED 482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
-----------------------------------	---	--



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

<b>SERIAL NUMBER</b> 09/583,336	<b>FILING DATE</b> 05/31/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2768	<b>ATTORNEY DOCKET NO.</b> -	
<b>APPLICANTS</b> William F. Reeves, Arlington, VA ; <b>** CONTINUING DATA *****</b> <i>none</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 08/02/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> William Reeves PO Box 23 North Branford ,CT 06471					
<b>TITLE</b> Computer instruments and emergency monitoring devices for retrieving and displaying stored medical records from bodily worn devices					
<b>FILING FEE RECEIVED</b> 482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		